

Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts

Department of Public Safety

*One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618*

Phone (617) 727-3200

Fax (617) 727-5732

Robert C. Haas
Secretary

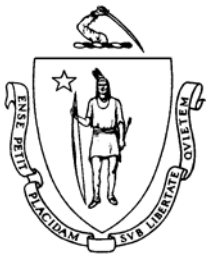
Thomas G. Gatzunis, P.E.
Commissioner

INSTRUCTIONS FOR COMPLETING CERTIFICATE OF CLEARANCE APPLICATION TO BE EMPLOYED BY A SECURITY SYSTEMS CONTRACTOR

1. Applicants for licensure must submit a non-refundable fee of \$50.00, payable by check or money order to the "Commonwealth of Massachusetts." The fee must be received with the application in order for the application to be processed.
2. The application must be completed in full. Failure to complete the application in full will result in the application being returned to the applicant and no certificate issuing.
3. The following documentation is required and must accompany the application and fee:
 - a. A Criminal Offender Records Information (CORI) request form, completed and signed by the applicant;
 - b. One legible copy of a photo identification of the applicant bearing the applicant's signature (examples: passport, driver's license);
 - c. One (1) copy of current Massachusetts electrician's license, class B or D.
4. Please mail a check payable to the Commonwealth of Massachusetts, application, and accompanying documents to:

Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place room 1301
Boston, MA 02114

THE FAILURE TO SUBMIT 1) AN APPLICATION THAT HAS BEEN COMPLETED IN FULL; 2) THE REQUIRED \$50.00 FEE.; AND/OR 3) ANY OF THE DOCUMENTS LISTED ABOVE WILL RESULT IN THE NON-ISSUANCE OF A CERTIFICATE AND FORFEITURE OF THE FEE.



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Application for Security Systems Contractor's Employee Certificate of Clearance

FEE: \$50.00 (non-refundable)

Required Applicant Information *(please print or type)*:

Name _____

Residence _____

(Street/Number)

(City/Town)

(Zip Code)

(Telephone)

Date of Birth _____ Place of Birth _____

E-mail Address _____

Name and license number of security systems contractor applicant has applied
for employment with: _____

Employer Address _____

(Street/Number)

(City/Town)

(Zip Code)

(Telephone)

Employer's License No.: _____

Mother's Full Name _____

Mother's Place of Birth _____

Father's Full Name _____

Father's Place of Birth _____

1. Pursuant to Massachusetts General Law, chapter 147, §60 all individuals applying for a security system contractor's employee certificate of clearance must disclose whether they have been convicted of a felony. Have you ever been convicted of a felony in Massachusetts or any other state? _____ Yes _____ No

Please provide a legible copy of a government issued identification (ex; drivers license) bearing your photograph.

2. Pursuant to Massachusetts General Law, chapter 147, §60 all individuals applying for a security system contractor's employee certificate of clearance must provide the business(es) or occupation(s) the individual has been engaged in for the three years immediately prior to the date of this application. Applicants may use back of application for additional space.

Dates of employment (month/year):	Occupation:	Employer:

Under the pains and penalties of perjury, I attest that to the best of my knowledge all information set forth on this application is true and correct.

Signature of Applicant Date

Applicant's Social Security Number (requested)



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CORI REQUEST FORM

Massachusetts Department of Public Safety-Division of Regulated Activities has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS _____

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE
LICENSE AND FORFEITURE OF THE LICENSING FEE.